Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address:	MFDR Tracking #: M4-10-4322-01
SAN ANTONIO MEDICAL SUPPLIES 1500 FREDERICKSBURG RD., STE B SAN ANTONIO, TX 78201	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:	Date of Injury:
EDGEWOOD ISD Box #: 16	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary taken from the Table of Disputed Services: "Carrier denied claim for lack of preauthorization. Billed amount for this particular item does not exceed $500.00. See attached TDI-DWC rule for preauthorization. Request for reconsideration submitted and payment was denied. Since the item billed was less than $500.00, preauthorization was not required. This claim should be considered for payment."

Amount in Dispute: $77.40

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary taken from the Table of Disputed Services: "Payment denied as services fell outside Official Disability Guidelines."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
10/14/09	E0730-NU*	N/A	$77.40	$0.00
			Total Due:	$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

*The requestor listed E730 on the Table of Disputed Services. The actual code on the billing is E0730-NU.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §134.600 sets out the guidelines for Preauthorization, Concurrent Review, and Voluntary Certification of Health Care.
3. 28 Tex. Admin. Code §137.100 sets out the treatment guidelines for disability management.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 11/5/09

- OQO – Falls outside of or exceeds ODG guidelines
- 4TW –Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.

Explanation of benefits 1/5/2010

- 193 – Original payment decision is being maintained. This claim was processed properly the first time.

Issues

1. Does the DME the requestor billed under the diagnosis code require pre-authorization?
2. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to rule §137.100(a) Health care providers shall provide treatment in accordance with the current edition of the *Official Disability Guidelines - Treatment in Workers' Comp,* excluding the return to work pathways, (ODG), published by Work Loss Data Institute (Division treatment guidelines), unless the treatment(s) or service(s) require(s) preauthorization in accordance with §134.600 of this title. Pursuant to rule §134.600(p)(9) Non-emergency health care requiring preauthorization includes: all durable medical equipment (DME) in excess of $500 billed charges per item (either purchase or expected cumulative rental). Therefore, DME under $500 does not require pre-auth and would therefore be subject to ODG in accordance with 137.100(a). This is further supported by rule §134.600(p)(12) Non-emergency health care requiring preauthorization includes: treatments and services that exceed or are not addressed by the Commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the carrier. The requestor listed the primary diagnosis on the bill as 840.0 (acromioclavicular joint sprain/strain of the shoulder) and 844.8 (other specified site sprain/strain of the knee and leg) as the secondary diagnosis. Per the Official Disability Guidelines (ODG) for October/2009, a TENS unit is not listed under diagnosis code 840.0 as recommended treatment for an acromioclavicular joint sprain/strain. The ODG for the same time frame under diagnosis code 844.8 recommends a TENS unit as an option for patients in a therapeutic exercise program for osteoarthritis. The requestor billed for a TENS unit under a diagnosis code that does not support a TENS unit under the ODG and therefore does require pre-authorization. The Division concludes that reimbursement to the requestor for HCPCS code E0730-NU is not recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is $0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

		12/20/10
Authorized Signature	Medical Fee Dispute Resolution Officer	Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.